

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

A.

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 LISBON STREET

City
LEWISTONState
MEZip Code
04240

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MICHAEL H MICHAUD

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: ME

District: 02

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23.93162

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MIKE THOMPSON FOR CONGRESS COMMITTEE

Mailing Address 442 NEW JERSEY AVE S.E.

City

WASHINGTON

State
DCZip Code
20003

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MIKE MR. THOMPSON

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: CA

District: 01

Disbursement For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: SB23.92947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	0	8

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MONTAGANO FOR CONGRESS

Mailing Address 123 E. LINCOLN

City

GOSHEN

State
INZip Code
46526

Purpose of Disbursement

CONTRIBUTION

Candidate Name

MICHAEL ANTHONY MONTAGANO

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

State: IN

District: 03

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: SB23.92975

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)